

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/654499

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52			—			
3							53						
4							54						
5							55						
6							56			—			
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19			—				69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27			—				77						
28			—				78						
29			—				79						
30			—				80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38			—				88						
39							89						
40							90						
41							91						
42			—				92						
43			—				93						
44							94						
45							95						
46							96						
47			—				97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	6	↓		↓
TOTAL DEP.							TOTAL DEP.			42			
TOTAL CLAIMS							TOTAL CLAIMS			48			